

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219-8689
www.pcshq.com

**Out of State Application
for the
Commonwealth of Massachusetts
Division of Professional Licensure
Board of Embalming & Funeral Directing**

The Commonwealth of Massachusetts Division of Professional Licensure Board of Embalming and Funeral Directing has authorized Professional Credential Services (PCS) to process its Out of State applications. **Out of State Applicants must submit all required information, as indicated in these instructions, directly to PCS.** The Commonwealth of Massachusetts Division of Professional Licensure Board of Embalming & Funeral Directing is the final authority with respect to approval.

REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll free: (877) 887-9727

Local: (615) 880-4275

Email: mafuneraldirectors@pcshq.com

PCS staff is available Monday through Friday, 8:00 am to 4:30 pm central time.

OUT OF STATE APPLICATION PACKET

Included in this packet are the *Candidate Information Bulletin (CIB)*, *Out of State Application* and *Acknowledgement Postcards*. All candidates must complete the Out state application, typewritten or printed in blue or black ink.

APPLICATION INSTRUCTIONS

PCS must receive the following to process your application:

- a. A completed *Out of State Application* including a 2x2 passport type photo and any supporting documentation.
- b. Copies of your birth certificate, high school diploma, Embalming/Funeral Directing school certificates and National Conference Examination Certificates.
- c. Name of funeral home in Massachusetts with which you intend to be affiliated.
- d. Certification from your State Board stating the date you passed the examination as an Embalmer and Funeral Director, and also the years you have served your apprenticeship.
- e. A copy of your current license(s)
- f. A certification of good standing from your State Board
- g. A resume of your job experience in the field
- h. Total payment of \$242. Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money order made payable to Professional Credential Services and include your SSN on the front of the payment. Fees are non-refundable and non-transferable.

PCS accepts applications on an on-going basis. Complete applications are processed on a first come first serve basis. Candidates sending incomplete applications will be notified of any deficiencies by PCS. Please retain copies of all paperwork submitted. Normal processing time is between 3-5 weeks.

MAIL COMPLETED APPLICATION MATERIALS TO:

Postal Address:

Professional Credential Services, Inc.
Attn: MA FUNERAL DIRECTOR Coordinator
PO Box 198689
Nashville, TN 37219-8689

Overnight Courier Address:

Professional Credential Services, Inc.
Attn: MA FUNERAL DIRECTOR Coordinator
150 4th Avenue North, Suite 800
Nashville, TN 37219

Professional Credential Services, Inc.

PO Box 198689 - Nashville, TN 37219 (615) 880-4275

Out of State Application

A. Biographical Information.

Provide your full name date of birth, social security number, 2x2 photo, and mailing address. It is very important that this section be completed in full.

***Social Security Number** must be disclosed per state and federal law. No license will be issued without a social security number. Your SSN will be used to ascertain whether you are in compliance with the tax laws of the Commonwealth.

First Name Middle Initial Last Name Other (Maiden)

Date of Birth Place of Birth Social Security Number*

Are you a citizen of the United States? ☐ Yes ☐ No

Have you previously filed an application? ☐ Yes ☐ No

State Currently Licensed in: _____

Current License #: _____

License Expiration Date: _____

Please attach
a recent
2" x 2"
photograph
here

Print your name as it should appear on your license

Permanent Mailing Address and Contact Information

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

Business Mailing Address and Contact Information

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

B. Disciplinary Questions.

Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

1. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

		YES	NO		
C. (CONTINUED) Disciplinary Questions. Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.	2. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>		
	3. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>		
	4. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>		
	5. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>		
	6. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? If yes, please provide a detailed explanation on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>		
D. Affidavit.	I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Embalming & Funeral Directing to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to GL c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.				
	Signature of Applicant _____	Date _____			
E. Fee and payment. The application fee is \$242.00. Payments may be made with a check or money order made payable to Professional Credential Services or with a Visa or MasterCard. FEES SUBMITTED ARE NON-REFUNDABLE. If paying with a credit card, complete the credit card authorization section on the right.	Credit Card Payment Authorization Information: (if NOT submitting a check or money order)				
	<div style="border: 1px solid black; padding: 10px;"> Type of Credit Card: ____ Visa ____ MasterCard Credit Card Number: _____-_____-_____ Expiration Date: ____/____ Cardholder's Name: _____ Authorized Signature: _____ </div>				
	Return Application to the following address:				
	Postal Address: Professional Credential Services, Inc. Attn: MA FUNERAL DIRECTOR Coordinator PO Box 198689 Nashville, TN 37219-8689				
	Overnight Courier Address: Professional Credential Services, Inc. Attn: MA FUNERAL DIRECTOR Coordinator 150 Fourth Avenue North, Suite 800 Nashville, TN 37219				

PCS
150 Fourth Avenue North, Suite 800
Nashville, TN 37219

Name

Address

City State Zip

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Nashville, TN 37219

Name

Address

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150 Fourth Avenue North, Suite 800
Nashville, TN 37219

Name

Address

City State Zip

Professional Credential Services

Your Massachusetts Funeral Director & Embalming Certified Funeral Director Out of State Application was received in our office on _____.

Your application will undergo an initial review within the next seven days.

If it is determined that there is a deficiency in your application, you will be notified. Any deficiency must be resolved within 30 days or the application will be returned.

You may call PCS at 877-887-9727 or send an email to mafuneraldirectors@pcshq.com if you have any questions.

Sincerely,
Massachusetts Coordinator

Professional Credential Services

Following the initial review of your application, the following deficiencies were noted:

___ Completed Application _____

___ Copy of current license / certification of good standing _____

___ 2x2 photo / other _____

Please furnish the requested documentation within 30 days. Failure to do so will result in your application being denied. Upon receipt of the requested documentation, your application will be processed further and you will be notified regarding your eligibility for licensure.

You may call PCS at 877-887-9727 or send an email to mafuneraldirectors@pcshq.com if you have any questions.

Sincerely,
Massachusetts Coordinator

Professional Credential Services

Date: _____

ATTN: MA Funeral Director & Embalming Certified Funeral Director Out of State Applicant -

Professional Credential Services has completed its review of application. We have submitted your complete application to the board.

You may call PCS at 877-887-9727 or send an email to mafuneraldirectors@pcshq.com if you have any questions.

Sincerely,
Massachusetts Coordinator